

South Dakota Arts Council

711 E. Wells Ave., Pierre, SD 57501
(605) 773-3301 or 1-800-952-3625
Website: www.arts council.sd.gov

Performing Arts Bank Application

Read pages 129-130 for grant guidelines and follow the steps listed under Application Procedure.

Applicant Organization (Please type or print)

TIN Number

Address

City/State/Zip Code

County

Telephone

E-mail Address

Contact Person

Daytime Phone

Evening or Message Phone

Address

City/State/Zip Code

E-mail Address

Project Title

Grant Application Codes (see Pages 14-17):

Applicant Status _____

Applicant Institution _____

Applicant Discipline _____

Project Discipline _____

Type of Activity _____

Arts Education _____

Project Descriptors _____

Project Race _____

Grantee Race _____

Project Period:

Grant Amount requested: _____

Start Date _____

End Date _____

Total project cost: _____

Date(s) of Project Event(s) _____

Number of Individuals to Benefit: _____

Number of Children and Youth to Benefit: _____

Number of Artists Participating: _____

Summary of proposed Performing Arts event:

AGREEMENT: I certify that the application information is true and complete to the best of my knowledge. I understand and agree that any funds granted as a result of this application are to be used for the purposes set forth herein. It is agreed that the undersigned is the individual authorized to commit the applicant to abide by the relevant Terms, Conditions and Guidelines as printed in the SDAC *Guide To Grants*. In addition, the undersigned gives SDAC permission to duplicate submitted documentation for use in the grant review process.

Authorizing Official: _____

Signature & Title

Date

Address

City/Town

Zip

Telephone

PROPOSED BUDGET

Applicant Organization _____

Project Title _____

Round all amounts to the nearest dollar.

EXPENSES	Cash Expenses
A. Personnel Administrative (Number of Positions ____)	
Artistic (Number of Positions ____)	
Outside Artistic Fees and Services	
Other Outside Fees and Services	
B. Space Rental	
C. Travel (Mileage, Lodging, Meals)	
D. Marketing	
E. Remaining Operating Expenses _____ _____ _____	
F. Total Cash Expenses (A through E)	

INCOME	Income
I. Admissions (Anticipated Attendance _____ Ticket Prices/Registration Fee _____)	
J. Contracted Services Revenue	
K. Other Revenue (Please specify) _____ _____ _____	
L. Cash Support Corporate _____ Foundation _____ Other Private _____	
M. Government Support	
N. Applicant Cash (See page 12)	
O. Total Anticipated Cash Income (I through N)	

Anticipated **Income** must meet or exceed **Expenses** to be eligible for Arts Bank Funding. **Do not include Arts Bank request in anticipated income.**

This is to reserve up to \$ _____ from the Performing Arts Bank, based on the above budget. *Each application for Arts Bank underwriting must not exceed 50% of the projected total cash expenses (line F above), up to a maximum of \$500.*

No funding will be granted unless the evaluation is received within 45 days of the project ending date.